

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010280

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 94

STATE FILE NUMBER

FILED MAR 6 1962

1. PLACE OF DEATH

a. COUNTY Coleb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson CityLength of stay in 1b
51 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Colec. CITY
OR
TOWN Jefferson CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
(If outside, give location)
1005 Adams St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CoraNoneBrown4. DATE
OF
DEATH

Month

Day

Year

February 25, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-9-1877

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales lady

10b. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (City and state or country)

Kahoka, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert Hume

13b. MOTHER'S MAIDEN NAME

Emily Weber

14. NAME OF HUSBAND OR WIFE

Andrew J. Brown15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Robert F. Brown Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brucella pneumoniaINTERVAL BETWEEN
ONSET AND DEATH3 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.associated with acute inflammation at submaxillary
gland due to obstruction of the duct3 days3 days

DUE TO (c)

carcinoma of liverPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female, was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/23/62 to 2/25/62 and last saw her alive on 2/25/62Death occurred at 3:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Truitt, MD

22b. ADDRESS

302 Bolivar Jefferson City

22c. DATE SIGNED

2/26/6223a. BURIAL, CREMATION,
REMOVAL (Specify)Cremation

23b. DATE

2-27-1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Gideon N. Houser, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

26 February 1962

26. REGISTRAR'S SIGNATURE

R. P. Harris, MD - M. Richter, MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59102692026923456789101112131-0

MAY 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579
P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.